

NOTICE OF CLOSED DEALERSHIP

Date: _____

Used Motor Vehicle Dealer Name: _____

UCAR License #: _____

I hereby notify the Georgia Board of Used Motor Vehicle Dealers that the above
business located at _____

(business address, city, state, zip)

was closed on or about _____ and is no longer in business.
(date business closed)

I understand that the status of the license noted above will be changed to
"Facility Closed."

Owner / Designee Signature

Date

Owner / Designee Printed Name